



THE CITY OF SAN DIEGO

Office of the City Treasurer – Collection Division
Credit Card Charge Authorization Form

Accounts to be paid:

Responsible Party(s) :

Debtor Identification Number :

Amount Due :

Credit Card to be Charged:

Type : MasterCard Visa (Circle one)

Credit Card Account Number :

Credit Card Expiration Date :

Name on Card :

Cardholder Billing Address :
(statement mailing address)

Amount to Charge :

In consideration of their agreement to accept payment via my credit card account and by signing below, I hereby authorize the City of San Diego to charge my credit card for the debt(s) and amount described above. I further agree that I will not request my credit card company or bank to reverse the charge to my credit card account for any reason other than that it was not processed in a manner consistent with the terms of this authorization and that I will pay the amount charged according to card issuer agreement. If I do request the credit card company or bank to reverse the charge to my credit card for other than the reason excepted above, and the amount charged or any part thereof is reversed or charged back, I agree that, I, in addition to the responsible parties described above, will be liable for that amount.

Signature of Cardholder

Date

Return completed to: Fax No: (619) 533-3840 Email: